Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-				
	State:		RHODE ISLAND				
Citation 1902(a)(52) and 1925 of the Act		<u>Families</u>	Receiving Extended Medicaid Benefits				
	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).					
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits unde section 1925 of the Act are					
·		Equal in amount, duration, and scope to services provided to categorically needy A recipients as described in ATTACHMENT 3.1-may be greater if provided through a caret relative employer's health insurance plant					
		se re th ir	ual in amount, duration, and scope to rvices provided to categorically needy AFDC cipients, (or may be greater if provided rough a caretaker relative employer's health surance plan) minus any one or more of the clowing acute services:				
		<i>二</i>	Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.				
			Medical or remedial care provided by licensed practitioners.				
			Home health services.				
Supersedes	72-02 Approval	Date	DEC 9 1992 Effective Date 2/1/92				

HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State:		RHODE ISLAND
Citation	3.5	Families (Continu	Receiving Extended Medicaid Benefits ed)
			Private duty nursing services.
			Physical therapy and related services.
		_7	Other diagnostic, screening, preventive, and rehabilitation services.
		<u></u>	Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
		_7	Intermediate care facility services for the mentally retarded.
		_7	Inpatient psychiatric services for individuals under age 21.
			Hospice services.
			Respiratory care services.
			Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 92-02
Supersedes Approval Date DEC 9 1992 Effective Date 7/1/92
TN No. 87-04 HCFA ID: 7982E

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-			
	State:		RHODE ISLAND					
Citation		ilies Rec ntinued)	ceiving Extended Med	icaid Bene	<u>fits</u>			
	(c) <u>/</u> /	fees, for h	gency pays the famil deductibles, coinsu ealth plans offered yer as payments for	rance, and by the car	similar costs etaker's			
			1st 6 months /	_/ 2nd 6	months			
	_7	The agency requires caretakers to enro employers' health plans as a condition eligibility.						
			1st 6 mos.	2nd 6 mo	8.			
(d)// (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:								
		_7	Enrollment in the femployer's health p		on of an			
		_7	Enrollment in the femployee health pla		on of a State			
		_7	Enrollment in the Suninsured.	state healt	th plan for the			
		<i></i> 7	Enrollment in an el organization (HMO) of less than 50 per (except recipients	with a pre-	epaid enrollment aid recipients			
TN No. 92-02 Supersedes Approval Date Effective Date 2/1/92								
	90-10			. ID: 798				

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State: RHODE ISLAND

Citation

3.5 Families Receiving Extended Medicaid Benefits (Continued)

> Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
 - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-02 DEC 9 **19**92 Supersedes
TN No. 90-10 Approval Date Effective Date 2/1/92

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